CONDITION

Throat or larynx cancer

Throat or larynx cancer is cancer that begins in the throat, voice box, or nearby tissues.

WHAT IT IS
Cancer of the throat or voice box

BODY SYSTEM
Head, neck, breathing and swallowing

MAIN SYMPTOMS
Persistent hoarseness, swallowing difficulty, neck lump, ongoing sore throat

WHAT CAUSES IT
DNA changes linked to tobacco, alcohol, HPV, or unknown factors

HOW IT IS DIAGNOSED
Throat examination, endoscopy and biopsy

MAIN TREATMENT
Surgery, radiotherapy and cancer medicines

CAN IT BE CURED?
Sometimes - especially when found before spreading

IS IT AN EMERGENCY?
Sometimes - breathing difficulty or uncontrolled bleeding

LONG-TERM OUTLOOK
Shaped by cancer site, stage and treatment response

Overview

Throat cancer is a broad term for cancer that starts in parts of the throat. These include the pharynx, the tube behind the nose and mouth, and the tonsils or base of the tongue. Cancer in the larynx, or voice box, is called laryngeal cancer.

These cancers are usually squamous cell carcinomas. This means they begin in the thin, flat cells lining the throat or larynx.

The exact starting point matters. It affects the symptoms, likely cause, treatment choices and outlook. For example, cancer on a vocal cord may cause hoarseness early. Cancer higher in the throat may not affect the voice at first.

Throat and larynx cancers can affect speaking, swallowing and breathing. Treatment aims to control or remove the cancer while protecting these functions as much as possible. Some

cancers can be cured, particularly when they are found before they have spread.

Symptoms

Symptoms can have many causes other than cancer. Infections, acid reflux, allergies and non-cancerous vocal cord problems are much more common explanations. However, symptoms that persist or worsen should be assessed.

Possible symptoms include:

A neck lump may be an enlarged lymph node. Lymph nodes are small parts of the immune system. Cancer cells from the throat can sometimes spread to them.

Symptoms differ by location. Laryngeal cancer commonly causes persistent hoarseness. Cancer of the tonsil or base of the tongue may cause a neck lump, one-sided throat discomfort or pain felt in the ear.

- A hoarse or changed voice that does not settle
- Pain or difficulty when swallowing
- A feeling that food is sticking
- A lump in the neck
- An ongoing sore throat or cough
- Ear pain, especially on one side
- Noisy breathing or shortness of breath
- Coughing up blood or blood-stained saliva
- Unexplained weight loss
- Persistent bad breath
- A mouth or throat ulcer that does not heal

Causes and risk factors

Cancer develops when changes in a cell's DNA make it grow and divide without normal control. It is not always clear why this happens.

Tobacco is a major risk factor for many throat and larynx cancers. This includes smoking cigarettes, cigars or pipes and using smokeless tobacco. Risk generally rises with the amount and duration of exposure.

Regular heavy alcohol use also raises risk. Tobacco and alcohol together have a stronger effect than either one alone.

Some cancers of the oropharynx-the tonsils, base of the tongue and nearby throat-are caused by certain types of human papillomavirus, or HPV. HPV is common and is usually cleared by the immune system. Only a small proportion of infections lead to cancer, often many years later. HPV-related throat cancer is not evidence of recent sexual contact.

Other risk factors can include:

Having a risk factor does not mean you will develop cancer. Some people have no recognised risk factors.

- Increasing age
- A previous head and neck cancer
- Long-term exposure to certain workplace dusts or chemicals
- A weakened immune system
- Poor nutrition, particularly when linked with tobacco or heavy alcohol use
- Epstein-Barr virus infection for some cancers behind the nose

Diagnosis

Assessment usually begins with questions about your symptoms, tobacco and alcohol exposure, general health and medicines. A clinician may examine your mouth and neck and feel for enlarged lymph nodes.

A flexible nasendoscopy is often used. A thin, flexible camera is passed gently through the nose to inspect the throat and larynx. The examination is usually brief, and a numbing spray may be used.

Cancer can only be confirmed by examining cells or tissue. A biopsy removes a small sample for testing under a microscope. It may be taken during an endoscopy under general anaesthesia. A sample from a neck lump may be collected with a fine needle.

If cancer is found, the sample may have further tests. Oropharyngeal cancers are commonly tested for changes associated with HPV, such as a marker called p16. This helps classify the cancer and estimate its likely behaviour.

Scans show the cancer's size and whether it has spread. These may include CT, MRI, ultrasound or PET-CT scans. Imaging does not usually replace a biopsy.

The results are used to assign a stage. Staging considers the main tumour, nearby lymph

nodes and spread to distant organs. The cancer's exact location and HPV status may affect how the stage is defined.

Treatment and management

Treatment is planned around the cancer's location, stage and cell type. Your general health, swallowing, breathing and voice also matter. A head and neck cancer team usually discusses the options with you.

Small, early cancers may be treated with either surgery or radiotherapy. Both can offer a chance of cure in appropriate cases. The choice may reflect which approach is most likely to preserve speech and swallowing while controlling the cancer.

Surgery may be performed through the mouth using specialised instruments, a laser or robotic equipment. Other cancers require surgery through the neck. Nearby lymph nodes may also be removed.

Laryngeal surgery ranges from removing a small part of a vocal cord to removing part or all of the larynx. After a total laryngectomy, breathing takes place through a permanent opening in the neck called a stoma. Speech can be restored in several ways, including a voice prosthesis, an electronic device or oesophageal speech.

Radiotherapy uses high-energy radiation to destroy cancer cells. It may be the main treatment or may be given after surgery. Side effects can include a sore mouth or throat, skin irritation, tiredness, dry mouth and changes in taste. Some effects improve after treatment, while dry mouth or swallowing difficulty can last longer.

Chemotherapy may be combined with radiotherapy for some locally advanced cancers. This is called chemoradiotherapy. Cancer medicines may also be used when cancer has returned or spread. Depending on the cancer, these can include chemotherapy, targeted treatment or immunotherapy, which helps the immune system recognise cancer cells.

Supportive care is part of treatment. It may involve:

Some people need a temporary feeding tube if swallowing becomes unsafe or nutrition is difficult. This does not always mean that tube feeding will be permanent.

- Help from a speech and language therapist
- Swallowing exercises and rehabilitation
- Dietitian support and nutritional drinks
- Dental checks before radiotherapy

- Pain and symptom control
- Support to stop smoking or reduce alcohol use
- Emotional and practical support

Complications

The cancer itself can narrow the airway or make swallowing difficult. It may spread to lymph nodes in the neck or, less commonly, to distant organs.

Treatment can also cause short-term or lasting effects. These may include:

Swallowing problems can sometimes allow food or liquid into the lungs. This is called aspiration and can lead to chest infections. Rehabilitation and changes to food texture can reduce this risk.

- Voice changes or loss of the natural voice
- Difficulty swallowing or food entering the airway
- Dry mouth and dental problems after radiotherapy
- Reduced movement or swelling in the neck and shoulder
- Changes in taste, smell or appetite
- Weight loss and reduced strength
- An underactive thyroid after treatment near the gland
- Lymphoedema, which is swelling caused by fluid build-up
- Changes in appearance or body image

Prevention

Not every throat or larynx cancer can be prevented. Some people develop one without a known avoidable cause.

Not using tobacco lowers the risk. If you smoke, stopping is helpful even after many years and can also improve healing and reduce treatment complications.

Limiting alcohol can reduce risk, particularly if you also use tobacco. Avoiding tobacco and heavy alcohol use together is especially important.

HPV vaccination prevents infection with HPV types responsible for many cancers. It works best before exposure to the virus, but eligibility differs by age and location. Vaccination

prevents new infection; it does not treat an existing HPV infection or cancer.

Workplace safety measures may reduce exposure to harmful dusts or chemicals. Use protective equipment and follow local occupational guidance where relevant.

There is no routine screening test for throat or larynx cancer in people without symptoms. Persistent symptoms still deserve assessment, even if you have no known risk factors.

Living with it and what to expect

Recovery often continues for months after treatment ends. Soreness, fatigue, taste changes and swallowing difficulty may improve gradually rather than all at once. Rehabilitation can be an important part of recovery.

Your voice may sound different after laryngeal treatment. Some people have mild hoarseness, while others need to learn a new way to speak. A speech and language therapist can help before and after treatment.

If you have a laryngectomy, you will breathe through a neck stoma permanently. You can still be active, communicate and eat in many usual ways, but you will need to learn stoma care and protect it from water, dust and very cold air.

Follow-up appointments are routine after treatment. They allow the team to check recovery, manage side effects and look for signs that cancer has returned. Follow-up may include examination with a small camera and scans when needed.

The outlook is influenced by the cancer's location, stage, HPV status, general health and response to treatment. HPV-related oropharyngeal cancers often respond better to treatment than similar cancers unrelated to HPV. No single statistic can predict what will happen to one person.

Fear of recurrence is common, especially before follow-up visits. Support from family, peer groups, counselling or the cancer care team can help. Many people return to work, relationships and valued activities, although some need lasting changes to communication, eating or daily routines.

When to get medical help

Arrange a routine medical assessment if you have persistent hoarseness, swallowing discomfort, a neck lump, one-sided ear pain or another unexplained throat symptom. This is particularly important when a symptom lasts several weeks, is getting worse or keeps

returning.

Contact your cancer team promptly if you are receiving treatment and develop worsening swallowing, dehydration, uncontrolled pain, fever, new neck swelling or difficulty managing a feeding tube or stoma.

Seek emergency help for:

After a total laryngectomy, oxygen and emergency ventilation must be given through the neck stoma, not through the mouth or nose. Wearing medical identification can help emergency responders recognise this.

- Severe or rapidly worsening difficulty breathing
- Harsh, high-pitched breathing called stridor
- Heavy or uncontrolled bleeding from the mouth, throat or stoma
- Choking or inability to swallow saliva
- Sudden blockage or displacement of a breathing tube

Common questions

Is throat cancer the same as laryngeal cancer?

Not exactly. "Throat cancer" is an informal term covering several sites in the pharynx. Laryngeal cancer begins specifically in the voice box. The distinction matters because treatment and likely effects differ.

Can throat or larynx cancer be cured?

Sometimes. Cure is more likely when the cancer is limited to its original site or nearby tissues and can be completely treated. Some more advanced cancers can also be cured. Cancer that has spread to distant organs is usually harder to cure, but treatment may control it and relieve symptoms.

Does a hoarse voice mean I have cancer?

Usually not. Colds, voice strain, reflux and non-cancerous vocal cord conditions commonly cause hoarseness. A voice change that persists, worsens or has no clear cause should be checked.

Is HPV-related throat cancer contagious?

Cancer itself is not contagious. HPV can pass between people through close skin and sexual contact, but most infections do not lead to cancer. Partners do not need to avoid ordinary contact, sharing meals or kissing solely because someone has HPV-related cancer.

Will I lose my voice?

Not everyone does. Some treatments cause temporary or lasting hoarseness without removing the voice box. If the entire larynx must be removed, the natural voice is lost, but several methods can provide a new way to speak.

Can throat cancer come back after treatment?

It can recur locally, in nearby lymph nodes or elsewhere in the body. The likelihood is different for each cancer. Follow-up is intended to identify concerning changes and manage lasting treatment effects. New or worsening symptoms should be reported rather than saved for the next routine appointment.

Sources

- National Cancer Institute: Laryngeal Cancer Treatment (Adult) (PDQ®)
- National Cancer Institute: Oropharyngeal Cancer Treatment (Adult) (PDQ®)
- National Cancer Institute: Hypopharyngeal Cancer Treatment (Adult) (PDQ®)
- NHS: Laryngeal cancer
- Centers for Disease Control and Prevention: HPV and Oropharyngeal Cancer
- American Cancer Society: Laryngeal and Hypopharyngeal Cancer